

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 2:01 pm, Aug 25, 2015

Complete this report at the time of the reg Complete this report whenever the instru Retain the original and send a copy within	ment is serviced or repaired	d and whenever it is pl	laced into service.		
INTOX OMT SN NAME OF A Misson	GENCY uri State Highway Patrol	<u> </u>	DATE OF INSPECTION 08/14/2015		
LOCATION OF INSTRUMENT (STREET AND CITY)  Maries County Sheriff's Department		TIME OF INSPECTION 22:19:03	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
CHECKLIST: Place a mark in the box by values where determined). Unmarked iter	each item if found to be some must be corrected befo	atisfactory or is operati re using instrument.	ing within established limits. (V	Vrite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>08/14/2015 22:</u>		I DETECTOR			
☑ PROGRAM	☑ FILTER 1		A A MINISTER VIV.		
SAMPLE CHAMBER 48.9°C					
☑ BREATH TUBE 44.7°C	☑ FILTER 3	FILTER 3			
☑ PUMP	☑ INTERNAL S	INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STA	ANDARDS				
	☐ COMPRESS	COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER_REPCO		T# <u>14001</u>	EXP. DATE 04	/30/2016	
SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN CD05618 SIMULATOR EXP DATE 09/19/2015					
<ul> <li>CALIBRATION CHECK - (ONLY ON Run three tests using a standard. All of .005 or less. Mark the box corresp</li> <li>☑ 0.10% STANDARD - MUST</li> <li>☑ 0.08% STANDARD - MUST</li> <li>☑ 0.04% STANDARD - MUST</li> </ul>	onding to the standard bei READ BETWEEN 0.095% READ BETWEEN 0.076%	ing used. 6 AND 0.105% INCLU 6 AND 0.084% INCLU	ISIVE ISIVE		
TEST 1: 0.102 TEST 2: 0.101		4.44.44.44.44	TEST 3: 0.101		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH	I TESTS IN THE FOLLO	WING RANGES SIN	CE THE LAST MAINTENAN	CE REPORT:	
REFUSALS: 0 004: 1	.0509: 1	.1014: 0	.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TOR MODIFICATION THAT WAS MAD	JE TO RESTORE THE INSTRUM	MENT TO OPERAYE SATISFACTORILY AN	DWITHIN	
INSPECTING OFFICER SIGNATURE  (P) (F) (V)  TYPE & PERMIT NUMBER	EXPIRATION DATE	PRINT FULL NAME JEREMY R N	ACCURDY ONE NUMBER		
250090	05/11/201		ME MURDEN		
RETURN COMPLETED REPORT TO T	Southeast District Of		of Health and Senior Services		

## CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 14001 EXPIRATION DATE: April 30, 2016 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain \_\_\_\_\_\_\_ gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of \_.100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is May 1, 2014

The expiration date for this lot number is April 30, 2016 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marketing, Inc.

Form RM 02



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# JEREMY R MCCURDY

is berepy authorized it. Instruct and supervise operators, train instructors, inspect, callingto, perform had service and reports and operate the following threath analyzens):

### INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections, 577,020 brough 577,041. RSMo and 306,111 brough 306,119 RSMo.

OATE 5/11/2015

NUMBER 250090

EXPERS 5/11/2017

\$20,500,000,300,000

ORECTOR OF THE PORES SEACT LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTHAND MOROR SERVICES

主要公司的 10



Operator MCCURDY, JEREMY

Permit No 250090

Date Issued 5/11/2015 Date Expires 5/11/2017